

Exhibit E

Beneficiary Change Form



Life Insurance

Your Beneficiary Designation


June 9, 2020



Policy Number: [REDACTED] 6693
Insured: Mr Ioannis Triantafillou

PRIVATE AND CONFIDENTIAL

Mr Ioannis Triantafillou
C/o Nikolaos Rentoulis
94 Baldwin Lane
Mahopac NY 10541

How to contact us

 Toll Free: (800)777-6510
International: (704)341-7000

 Website: axa.com
 Fax: (855)268-6378

Financial Professional

- Preferred Client Partners Grp
(855)830-7140

Dear Mr Ioannis Triantafillou,

Thank you for choosing AXA. We value you as a customer and appreciate the opportunity to serve your insurance needs.

As requested, we have made the following changes to your beneficiary designation:

Policy Number

[REDACTED] 6693

Primary Beneficiary(ies), Relationship
Nikolaos J. Rentoulis, Cousin.

Secondary Beneficiary(ies)
Dina Rentoulis.

Tertiary Beneficiary(ies)
Tammy Thanos, Child, Per Stirpes.
Christina Rentoulis, Child, Per Stirpes.

Please retain this information for your files.

What to do next

Please be sure to review the changes to make sure that the names of your beneficiaries are spelled correctly.

If you have any questions, please call us at 1-800-777-6510 where our Contact Center is available to help you Monday through Thursday, from 8:00 AM to 7:00 PM EST and Friday from 8:00 AM to 5:30 PM EST. You can also access additional support and resources, 24 hours a day, on our website at axa.com, where there are printable forms, instructions and other aids you will find helpful.

[Continued]

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June 9, 2020

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We welcome the opportunity to help you reach your financial destination, one small step at a time.

Sincerely,
Policy Service

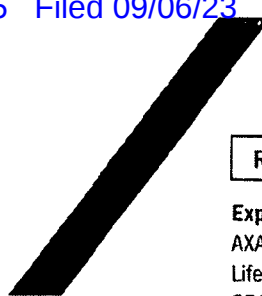
Enclosure Details

Primary Recipient Role: Owner

Primary Recipient Name: Mr Ioannis
Triantafillou

Primary Recipient Delivery : MAIL

Primary Recipient enclosures:



Life Insurance Beneficiary Change

Return:

AXA Equitable Life Insurance Company
Life Operations
8501 IBM Dr, Suite 150
Charlotte NC 28262-4333

AXA-Equitable Life Insurance Company
Life Operations
P.O.-Box 1047
Charlotte, NC-28201-1047

For Assistance:

(800) 777-6510
Monday - Thursday:
8:00 AM to 7:00 PM EST
Friday: 8:00 AM to 5:30 PM EST

To Sign Up For eDelivery:

Type of Request

- **Beneficiary change** — sections 1, 2, 3, 4, 5 and 6
For general information regarding requirements for a change of Beneficiary, please see last page of form.

1. Insured's Information (Please Print)

6693

Insured's Name: IOANNIS TRIANTAFILLOU

First Middle/MI Last

2. Present Owner's Information (Please Print)

Individual Owner(s) Name: IOANNIS TRIANTAFILLOU
(If other than Insured) First Middle/MI Last

Joint Owner's Name: _____

First	Middle/MI	Last (if applicable)

Joint Owner's Name: _____

First	Middle/MI	Last (if applicable)

Corporate, Partnership, Charity/Non-Profit or Trust Name:

Corporate, Partnership, Charity/Non-Profit or Trust Name:

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3. Designation of New Primary Beneficiary(ies)

Completing The Form

- This form may be used for more than one policy, provided all policies insure the same person, have the same owner, and the same Beneficiary designation.
- For request to be accepted, all alterations must be initialed and dated by the policy Owner(s).
- The legal residence and mailing address of all proposed Beneficiaries are required.
- If the proposed Beneficiary is a Trust, the date of the Trust Agreement, name and address of Trustee, and Tax Identification Number (Social Security Number, Individual Taxpayer Identification Number, Employer ID Number) must be indicated.
- For a Beneficiary change on a Joint Life policy, a family-type policy, or a policy that includes a Family Plan Insurance provision, Renewable Term Insurance rider on an Additional Insured, or Children's Term Insurance rider, whereby multiple insured's are covered under a single policy, it is necessary to identify the Insured to whom the change applies as individual Beneficiary designations are permitted for each insured person.
- Before completing this request, please read the Beneficiary provisions in the General Information section at the back of this form.
- Do not return the policy with this request.

Primary Beneficiary(ies):

List name of new Primary Beneficiary(ies), relationship to the Insured/Annuitant, Address, Phone number, Taxpayer Identification Number, Date of birth and Email address (please print):

Beneficiary 1

NIKOLAOS		J.	RENTOULIS	Individual
Name of Beneficiary: First	Middle/MI	Last	Type: Individual/Trust/Corporation/Other (list)	
94 Baldwin Lane		Mahopac	NY	10541
Primary Address of Beneficiary Street	City	State	Zip	
SSN <input checked="" type="checkbox"/> TIN <input type="checkbox"/> EIN <input type="checkbox"/>	Cousin		100%	
Relationship to Insured	Percentage of Benefits			
1955	(845) 248-2083	plaza565@aol.com		
DOB or Trust/Incorporation Date	Phone Number	Email Address		
Designation/Additional Information	Nature of Relationship (used for entities)	State and Country of Incorporation (used for entities)		
Nature/Purpose of Business (used for entities)	GIIN (used for entities)	NAICS Code (used for entities)		

Beneficiary 2

Name of Beneficiary: First	Middle/MI	Last	Type: Individual/Trust/Corporation/Other (list)	
Primary Address of Beneficiary Street	City	State	Zip	
SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN <input type="checkbox"/>				
Relationship to Insured	Percentage of Benefits			
DOB or Trust/Incorporation Date	Phone Number	Email Address		
Designation/Additional Information	Nature of Relationship (used for entities)	State and Country of Incorporation (used for entities)		
Nature/Purpose of Business (used for entities)	GIIN (used for entities)	NAICS Code (used for entities)		

Beneficiary 3

Name of Beneficiary: First	Middle/MI	Last	Type: Individual/Trust/Corporation/Other (list)	
Primary Address of Beneficiary Street	City	State	Zip	
SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN <input type="checkbox"/>				
Relationship to Insured	Percentage of Benefits			
DOB or Trust/Incorporation Date	Phone Number	Email Address		
Designation/Additional Information	Nature of Relationship (used for entities)	State and Country of Incorporation (used for entities)		
Nature/Purpose of Business (used for entities)	GIIN (used for entities)	NAICS Code (used for entities)		

4. Designation of New Contingent Beneficiary(ies)**Contingent Beneficiary(ies):**

Provide name of new Contingent Beneficiary(ies), relationship to the Insured/Annuitant, Address, Phone number, Taxpayer Identification Number, Date of birth and Email address (please print):

Beneficiary 1

DINA		RENTOULIS		Individual	
Name of Beneficiary: First		Middle/MI	Last	Type: Individual/Trust/Corporation/Other (Rst)	
94 Baldwin Lane		Mahopac		NY	10541
Primary Address of Beneficiary Street		City		State	Zip
SSN <input checked="" type="checkbox"/> TIN <input type="checkbox"/> EIN <input type="checkbox"/>		Wife of cousin NIKOLAOS J. RENTOULIS		100%	
		Relationship to Insured		Percentage of Benefits	
1963		(845) 628-8898		plaza565@aol.com	
DOB or Trust/Incorporation Date		Phone Number		Email Address	
Designation/Additional Information		Nature of Relationship (used for entities)		State and Country of Incorporation (used for entities)	
Nature/Purpose of Business (used for entities)		GIIN (used for entities)		NAICS Code (used for entities)	

Beneficiary 2

Name of Beneficiary: First		Middle/MI	Last	Type: Individual/Trust/Corporation/Other (I st)	
Primary Address of Beneficiary Street		City		State	Zip
SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN <input type="checkbox"/>		Relationship to Insured		Percentage of Benefits	
DOB or Trust/Incorporation Date		Phone Number		Email Address	
Designation/Additional Information		Nature of Relationship (used for entities)		State and Country of Incorporation (used for entities)	
Nature/Purpose of Business (used for entities)		GIIN (used for entities)		NAICS Code (used for entities)	

5. Special Instructions

If NIKOLAOS J. RENTOULIS AND DINA RENTOULIS SHOULD BOTH PREDECEASE ME, THEN I LEAVE 100% OF THE INSURANCE

PROCEEDS TO THEIR ISSUE, PER STIRPES. THEIR CHILDREN ARE TAMMY THANOS AND CHRISTINA RENTOULIS

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6. Signature Section

Are any of the named Beneficiaries above a Viatical or Life Settlement Company? ☐ Yes ☒ No

By my signature below, I understand this change of Beneficiary shall revoke any previous Beneficiary designation or election of a payment option.

<u>Ioannis Tylianidis</u>	<u>Ioannis Tylianidis</u>	<u>22-5-2020</u>
Signature of Owner (Title, if applicable)	Print Owner's Name	Current Date (mm/dd/yyyy)

_____ Signature of Owner (Title, if applicable)	_____ Print Owner's Name	_____ Current Date (mm/dd/yyyy)
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_____ Signature of Owner (Title, if applicable)	_____ Print Owner's Name	_____ Current Date (mm/dd/yyyy)
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_____ Signature of Collateral Assignee (Company and Title, if applicable)	_____ Current Date (mm/dd/yyyy)
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